

# EXHIBIT C

*Marion Pain Management Center, Inc*  
*Mangala J Shetty, M.D.*  
*1737A SE 28<sup>th</sup> Loop,*  
*Ocala, FL 34471*  
*Tele: (352) 622-1840 - Fax: (352) 622-0137*

CONSENT TO PERFORM PAIN MANAGEMENT PROCEDURES

PATIENT NAME: Cathy Hulsey

I understand that any type of pain management procedure can result in minor complications.

I also understand that any type of pain management procedure is associated with substantial risks and hazards. These risks and hazards include but are not limited to possible allergic reactions, vascular injury, epidural hematoma, paralysis (and/or bleeding), seizures, infection, meningitis, nerve damage, collapsed lung, intestinal perforation, possible increased pain or even death. These substantial risks and hazards are fortunately rare.

Dr Shetty has explained the nature and alternative choices of treatment available to me and has given me an adequate opportunity to discuss the associated risks and hazards.

I also consent Dr Shetty to treat any complications that may arise.

I therefore consent for a lumbar epidural injection or as an alternative \_\_\_\_\_ to be administered by Dr Mangala J Shetty.

For female patients: ☐ - I am pregnant ☐ - I am not pregnant

Do you have any additional questions regarding this procedure before signing this consent. ☒ - No ☐ - Yes

Signed: Cathy Hulsey Date: 9-4-12

If other than patient - Name: \_\_\_\_\_ Relationship \_\_\_\_\_

I certify that I have given the explanation above and have answered all questions put to me concerning the same by the person signing the foregoing authorization and consent.

Physicians Signature: [Signature] Witness: V. Hider  
LESI CONSENT